



Nevada Division of Environmental Protection
Bureau of Water Pollution Control
Underground Injection Control Program
333 West Nye Lane, Room 129
Carson City, Nevada 89706-0851
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Annual Large-Capacity Septic System Evaluation Report

The Underground Injection Control Program assumed regulatory responsibility for large-capacity septic systems (LCSS) program in 2002. The Bureau of Water Pollution Control General Discharge Permit GNEV9201 covers all LCSSs – see enclosed fact sheet for definitions and more information.

This form is being sent to request information that will help you maintain your septic system(s) to prevent premature failure. **Failure to check you system annually will lead to system failure, public health hazards, enforcement action, and very costly repairs.** The revised permit will require a similar form to be mailed to you each year, completed, and submitted to our office.

Please complete and return this questionnaire to the above address. (Please used the back of this survey or attach a separate sheet)

Facility Name _____ Permit Number _____ (ex. "40010")

Facility Address _____ Facility Phone _____

Facility City _____ Zip Code _____

Contact Person _____

Number of septic tanks and sizes(gal) on your property: _____

Year system installed: _____ System designed by: _____

Type and number facilities, persons or units served: _____
(i.e. mobile home park – number of sites; school – number of students & staff)

Provide the following information concerning your system during the past twelve-month period.

Level of	Date measured	By whom	Depth(s)	Method(s) used	Tank must be pumped if:
Scum:					Total of scum and sludge depths are equal to or greater than 50% of the liquid depth
Sludge:					Scum ____ + Sludge ____ = ____
Total Liquid:					$(S_{Total} / L_{Total}) \times 100 = _____\%$

Leach/Drain field conditions (circle one each): Winter: **Dry** **Damp** **Wet** Summer: **Dry** **Damp** **Wet**
(If field is Damp, field may be failing. If field is Wet, you must contact an engineer to evaluate system, and our office immediately)

Dates tank(s) last pumped: _____ Volume of septage pumped: _____ Name of pumping company: _____

Are Monitoring Wells present at location? " Yes " No

If yes, number present _____ If Yes, attach copy of laboratory analysis.

Are piezometers present within the drain field area? " Yes " No

If yes, number present: _____ Readings and dates of reading: _____

Dates and types of maintenance performed on any components of system: _____

PLEASE NOTE: ATTACH THE ON-SITE MAINTENANCE LOG WHEN RETURNING THIS FORM

Please print your name, sign and date below:

Print Name _____ Signature _____ Date _____